

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name CWA Non-Federal Separate Segregated Fund(b) Address (number and street) ☐ check if different than previously reported
501 Third Street, NW(c) City, State and ZIP Code
Washington, DC 20001(d) Name of Employer or Principal Place of Business
N/A(e) Occupation
N/A**2. FEC Identification Number**C**3. Is This Statement**☒ New

or

☐ Amended**4. Covering Period**05 / 26 / 2010

through

06 / 01 / 20105. (a) Date of Public Distribution(s) 05 / 26 / 2010 (b) Communication Title Feed Family6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Non-Federal Section 527 Organization7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐**8. Custodian of Records**(a) Name
Krystal Dehaba(b) Address (number and street)
501 Third Street, NW(c) City, State and ZIP Code
Washington, DC 20001(d) Name of Employer or Principal Place of Business
Communications Workers of America(e) Occupation
COPE Specialist**9. Total Donations This Statement**00**10. Total Disbursements/Obligations This Statement**181408.87

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Laura L. Archer

SIGNATURE

Laura L. Archer

DATE

5/27/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

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